PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed 'nε

| indicated unless corrected below or directed otherwise in Block 1, by (a) specifying maintenance fee notifications. | a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" |
|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of soldness) | Note: A certificate of mailing can only be used for domestic mailings of t |

20995 7590 01/02/2009 Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614

Certificate of Mailing or Transmission I hereby certify that this Feeds Tansmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's rame (Signature (Date

APPLICATION NO. FII NO DATE FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO 10/795,765 03/08/2004 Katsumi Ochiai FS.20131US0A

TITLE OF INVENTION: REMOTE CONTROL SYSTEM FOR MARINE DRIVE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|--------------|---|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 04/02/2009 |
| EXAN | IINER | ART UNIT | CLASS-SUBCLASS | | | |
| SWINEHAR | T, EDWIN L | 3617 | 440-084000 | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. ☐ "Fee Address" Indication form provided the control of the Address of Change of Correspondence (2) the name of a single provided the control of the Address of Change of Correspondence (2) the name of a single provided the control of the Address of Change of Correspondence (2) the name of a single provided the control of the Address of Change of Correspondence (2) the name of a single provided the control of the Change of Correspondence (2) the name of a single provided the control of the Change of Correspondence (2) the name of a single provided the control of the Change of Correspondence (2) the name of a single provided the control of the Change of Correspondence (2) the name of a single provided the control of the Change of Correspondence (2) the name of a single provided the control of the Change | | 3 registered patent attornelly, ely, e firm (having as a memb gent) and the names of u meys or agents. If no name | or a 2 Olson & | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASIR NOTE: Inless an assigne is lidentified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for executation as set forth in 37 CPS 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CTT' and STATE OR COUNTRY) Yamaha Hatsudoki Kabushiki Kaisha Shizuka Japan | | | | | | |

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

The following fee(s) are submitted: Dublication Fee (No small entity discount permitted)

Advance Order - # of Copies

A check is enclosed. Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _______(enclose an extra copy of this fo (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if-equiped) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the recognition of the United Setting Astern and Trademark Office.

Authorized Signs Michael A. Guiliana Typed or printed many

42.611

This collection of efformation is required by 37 CFR 1.311. The information is required to obtain or cretar as benefit by the public which is to file (and by the USFTO) to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 minutes to complete, including gathering, repeating, and submitting the completed application form to the USFTO. The well way depending upon the included case. Any comments on the amounts of the comments of the amounts of the comments of the amounts of the comments of the comments of the amounts of the comments of the comments of the amounts of the comments of the amounts of the comments of the amounts of the comments of the

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.